REGULATIONS FOR P.T.T. EMERGENCY TIME OFF

1.0 Psychiatric Technician Trainees should not request time off on days that they are scheduled to attend classes.

2.0 Should an emergency arise where it is imperative to have time off -- the P.T.T. should clear with his/her Instructor by filling out the form below.

PSYCHIATRIC TECHNICIAN TRAINEE Request for TIME OFF

I request permission to take _____ as a day off.

Charge this as a Holiday, Overtime day, Vacation day or Jury Duty. (Underline)

Signature of:

P.T.Gr.II _____
or
P.T.Gr.I _____

Classroom Instructor:

_____

Signature of Trainee:

_____

Date _____

Approved by Area Supervisor:

_____

Request for Holiday or Vacation day must be made at least two days prior to the day requested off.

INFORMATION

1. **NUMBER OF COPIES**—Follow instructions issued by your department. Employees who wish to keep a copy should prepare a duplicate and have it signed by the supervisor.

2. **AMOUNTS OF TIME**—Sick leave and vacation may be used only in amounts of ¼, ½, ¾, or a full day. (Several hours of absence, such as for doctor's appointments, during the same month may be itemized on one Form 634 at the end of the month.) If more than ¼ day is needed for a doctor's appointment, the reason is stated in Item 10a.

3. **REASONS**—The need for the absence must be explained for all absences other than annual vacation. Reasons for using vacation credit in amounts of less than five days may be required by the supervisor.

4. **EMPLOYEE'S RESPONSIBILITIES**—The employee has a responsibility not to be absent from work unnecessarily. When the need for an absence can be anticipated, he is expected to present this written request for advance authorization. When an unanticipated emergency causes the absence, the employee is responsible for having his supervisor notified promptly and for keeping the supervisor informed as to the probable date of his return. Upon return from an unanticipated absence, the employee is required to present this written report to account for the absence.

5. **SUPERVISOR'S RESPONSIBILITIES**—Each supervisor is responsible for seeing that he and his employees comply with the regulations governing absence from work. He is expected to recommend against approval of sick leave absences for which satisfactory evidence as to need is not presented. He should not authorize any unnecessary absence that will interfere with departmental work. For occupational illness or injury arising out of or during the course of State employment, Form 67, Employer's Report of Industrial Injury, must be submitted in duplicate through departmental channels to the State Compensation Insurance Fund.

6. **SICK LEAVE**—Sick leave is provided to protect the employee from a loss of income when he is physically incapacitated from work. After completing six months of service, an employee is granted one day of sick leave credit for **each complete month** of his service. There is no maximum on the amount of sick leave credit an employee can accumulate. A person is seldom physically incapacitated from work so often that he has to use all of his sick leave credits. A state employee usually can build a fund of sick leave credits sufficient to assure that his full salary will be continued even when he has a prolonged illness. Payment of salary as a charge against sick leave credits is authorized only when satisfactory proof of the necessity for the absence is provided by the employee. A necessary absence to care for a member of the family who is **seriously** ill may be taken as sick leave. Not more than five days a year is granted for family care. Absence to care for members of the family who are not seriously ill cannot be charged against sick leave.

7. **VACATION**—An absence can be charged against vacation credits only when approved by the appointing power. After completing six months of service, an employee is granted 1¼* days of vacation credit for **each complete month** of continuous service. The annual vacation is intended to provide a substantial period for rest and relaxation each year. The time at which vacation shall be taken may be specified to suit the convenience of the department. Vacation cannot be taken as an absolute right unless the appointing power does not provide a vacation for the employee for two successive years. Thirty days of accumulated vacation in addition to the vacation for the current year is the maximum accumulation permitted. *(After 25 years of service employee is granted 1⅔ days of vacation credit per month)

8. **TEMPORARY MILITARY DUTY**—Payment of salary is continued only during absences for short periods of ordered military duty up to a maximum of thirty calendar days in a fiscal year. A copy of the order must be attached to the request. When an employee has to be taken off the payroll for more than 15 working days while on military duty, a Leave of Absence (Form 605) is granted for the period the employee is off the payroll.

9. **JURY DUTY**—The full salary of an employee who is absent to do jury duty is paid only if the employee reimburses the State by the amount he is paid for doing the jury duty.

10. **ABSENCE WITHOUT PAY**—Absences without pay for fifteen working days or less are not considered a break in service. Absence without approval for five consecutive working days is an automatic resignation. If an absence other than sick leave is not requested and approved in advance, it is recorded as absence without leave (AWOL) and disciplinary action may be taken.

11. **OTHER ABSENCES**—State agencies are permitted, but not required, to use this form in authorizing absences for State of California civil service examinations, training conferences, etc. Authorization of time to take a State civil service examination need not be granted if the request is not presented two days or more before the examination.

Employees' **IDEAS** that save the State money are paid for in Cash. Send your money-saving **IDEAS** to:
Secretary, MERIT AWARD BOARD, Room 5016 State Capitol, Sacramento 14, California.

SAMPLE: For attending Meeting of Educational Nature

STATE OF CALIFORNIA
FORM 634 REV. 5-56

ABSENCE REQUEST

ROUTING

1. Name (LAST NAME) (FIRST NAME) (INITIAL)

2. Department

3. Position Code

4. Position Title

5. Unit of Department

6. ABSENCE WITH PAY (Check only one)

SICK LEAVE ☐ SELF FAMILY ☐ ILLNESS ☐ DEATH

Date of Death

☐ VACATION
☐ JURY DUTY
☐ INDUSTRIAL INJURY
☐ TEMPORARY MILITARY DUTY

For ____ calendar days

☒ Other: Professional Institute, etc.

7. ABSENCE WITHOUT PAY

☐ 15 WORKING DAYS OR LESS

Check here ☐ if the absence without pay is while you are serving a probationary period.

8. DATES OF ABSENCE

From ____ through ____, inclusive

Assigned days off, if any, within period of the absence ____

9. LENGTH OF THE ABSENCE

Number of Working days ____

NOTE: Educational Meetings such as:
CSEA: California State Employees' Association
CSEU: " " " Union
CSPT: " Society of Psychiatric Techs.
CSNA: " State Nurses' Association
CLN: " League of Nursing
or other institutes

10a. NATURE OF ILLNESS OR REASON FOR ABSENCE
Check One and Substantiate Fully:

☐ Hospitalized
☐ Confined to bed at home
☐ Other

10b. If absent because of illness of self or family, was a physician in attendance? ☐ Yes ☐ No

11. CERTIFICATE BY EMPLOYEE

To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

EMPLOYEE'S SIGNATURE ____ Date ____

SUBSTANTIATION OF NEED FOR SICK LEAVE ABSENCE

Substantiation by the physician or supervisor is required for an absence of more than two days. It may be required for any absence.

12. The above-named person was physically disabled from ____ to ____, inclusive.

As Physician, *(Check One)*

☐ I prescribed for this patient on the following dates ____

☐ I examined and treated this patient on the following dates ____

The illness or injury causing the disability was ____

Estimated length of this disability or illness ____

SIGNATURE OF ATTENDING PHYSICIAN ____

13. As Supervisor, I secured the following verification:

a. ☐ Confirmation given by
b. ☐ Home visit made by
c. ☐ Other (describe)

SIGNATURE OF SUPERVISOR ____

14. RECOMMENDATION OF IMMEDIATE SUPERVISOR

☐ Approval recommended ☐ Approval **NOT** recommended

(Signature) ____ Date ____

☐ *If occupational illness or injury, Form 67, Employer's Report of Industrial Injury, has been submitted.*

15. PERIOD ON DISABILITY COMPENSATION, IF ANY

From ____ to ____, inclusive

16. Number of days of sick leave or vacation supplementing disability compensation

Sick leave ____ Vacation ____

17. OFFICIAL DEPARTMENTAL ACTION and RECORD

☐ APPROVED ____ Attendance Report Posted
☐ DISAPPROVED ____ Employee Roster Posted

SICK LEAVE BENEFITS ARE AN INVESTMENT IN SECURITY

PROTECT YOUR INVESTMENT—BUILD YOUR BALANCE

INFORMATION

1. **NUMBER OF COPIES**—Follow instructions issued by your department. Employees who wish to keep a copy should prepare a duplicate and have it signed by the supervisor.

2. **AMOUNTS OF TIME**—Sick leave and vacation may be used only in amounts of ¼, ½, ¾, or a full day. (Several hours of absence, such as for doctor's appointments, during the same month may be itemized on one Form 634 at the end of the month.) If more than ¼ day is needed for a doctor's appointment, the reason is stated in Item 10a.

3. **REASONS**—The need for the absence must be explained for all absences other than annual vacation. Reasons for using vacation credit in amounts of less than five days may be required by the supervisor.

4. **EMPLOYEE'S RESPONSIBILITIES**—The employee has a responsibility not to be absent from work unnecessarily. When the need for an absence can be anticipated, he is expected to present this written request for advance authorization. When an unanticipated emergency causes the absence, the employee is responsible for having his supervisor notified promptly and for keeping the supervisor informed as to the probable date of his return. Upon return from an unanticipated absence, the employee is required to present this written report to account for the absence.

5. **SUPERVISOR'S RESPONSIBILITIES**—Each supervisor is responsible for seeing that he and his employees comply with the regulations governing absence from work. He is expected to recommend against approval of sick leave absences for which satisfactory evidence as to need is not presented. He should not authorize any unnecessary absence that will interfere with departmental work. For occupational illness or injury arising out of or during the course of State employment, Form 67, Employer's Report of Industrial Injury, must be submitted in duplicate through departmental channels to the State Compensation Insurance Fund.

6. **SICK LEAVE**—Sick leave is provided to protect the employee from a loss of income when he is physically incapacitated from work. After completing six months of service, an employee is granted one day of sick leave credit for **each complete month** of his service. There is no maximum on the amount of sick leave credit an employee can accumulate. A person is seldom physically incapacitated from work so often that he has to use all of his sick leave credits. A state employee usually can build a fund of sick leave credits sufficient to assure that his full salary will be continued even when he has a prolonged illness. Payment of salary as a charge against sick leave credits is authorized only when satisfactory proof of the necessity for the absence is provided by the employee. A necessary absence to care for a member of the family who is **seriously** ill may be taken as sick leave. Not more than five days a year is granted for family care. Absence to care for members of the family who are not seriously ill cannot be charged against sick leave.

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8. **TEMPORARY MILITARY DUTY**—Payment of salary is continued only during absences for short periods of ordered military duty up to a maximum of thirty calendar days in a fiscal year. A copy of the order must be attached to the request. When an employee has to be taken off the payroll for more than 15 working days while on military duty, a Leave of Absence (Form 605) is granted for the period the employee is off the payroll.

9. **JURY DUTY**—The full salary of an employee who is absent to do jury duty is paid only if the employee reimburses the State by the amount he is paid for doing the jury duty.

10. **ABSENCE WITHOUT PAY**—Absences without pay for fifteen working days or less are not considered a break in service. Absence without approval for five consecutive working days is an automatic resignation. If an absence other than sick leave is not requested and approved in advance, it is recorded as absence without leave (AWOL) and disciplinary action may be taken.

11. **OTHER ABSENCES**—State agencies are permitted, but not required, to use this form in authorizing absences for State of California civil service examinations, training conferences, etc. Authorization of time to take a State civil service examination need not be granted if the request is not presented two days or more before the examination.

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Secretary, MERIT AWARD BOARD, Room 5016 State Capitol, Sacramento 14, California.

STATE OF CALIFORNIA
FORM 634 REV. 5-56

ABSENCE REQUEST

ROUTING

1. Name: Doe (LAST NAME) Jane (FIRST NAME) E. (INITIAL)

2. Department: Mental Hygiene

3. Position Code: 300-8235-010

4. Position Title: P.T.T.

5. Unit of Department: Sonoma State Hospital

6. ABSENCE WITH PAY (Check only one)

SICK LEAVE ☒
☒ SELF FAMILY ☐ ILLNESS ☐ DEATH
Date of Death

☐ VACATION
☐ JURY DUTY
☐ INDUSTRIAL INJURY
☐ TEMPORARY MILITARY DUTY
For 2 calendar days
☐ Other:

7. ABSENCE WITHOUT PAY
☐ 15 WORKING DAYS OR LESS
Check here ☐ if the absence without pay is while you are serving a probationary period.

8. DATES OF ABSENCE
From 12-9-57 through 12-10-57, inclusive
Assigned days off, if any, within period of the absence

9. LENGTH OF THE ABSENCE
Number of Working days 2

10a. NATURE OF ILLNESS OR REASON FOR ABSENCE
Check One and Substantiate Fully:
☐ Hospitalized
☒ Confined to bed at home - pains in chest and throat - elevated temp. --------
☐ Other (or vacation)

10b. If absent because of illness of self or family, was a physician in attendance? ☐ Yes ☒ No

11. **CERTIFICATE BY EMPLOYEE**
To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.
EMPLOYEE'S SIGNATURE Date

SUBSTANTIATION OF NEED FOR SICK LEAVE ABSENCE

Substantiation by the physician or supervisor is required for an absence of more than two days. It may be required for any absence.

12. The above-named person was physically disabled from to , inclusive.
As Physician, *(Check One)*
☐ I prescribed for this patient on the following dates
☐ I examined and treated this patient on the following dates
The illness or injury causing the disability was

Estimated length of this disability or illness
SIGNATURE OF ATTENDING PHYSICIAN

13. As Supervisor, I secured the following verification:
a. ☐ Confirmation given by
b. ☐ Home visit made by
c. ☐ Other (describe)
SIGNATURE OF SUPERVISOR

14. RECOMMENDATION OF IMMEDIATE SUPERVISOR
☐ Approval recommended ☐ Approval **NOT** recommended
(Signature) Date
☐ *If occupational illness or injury, Form 67, Employer's Report of Industrial Injury, has been submitted.*

15. PERIOD ON DISABILITY COMPENSATION, IF ANY
From to , inclusive

16. Number of days of sick leave or vacation supplementing disability compensation
Sick leave Vacation

17. OFFICIAL DEPARTMENTAL ACTION and RECORD
☐ APPROVED Attendance Report Posted
☐ DISAPPROVED Employee Roster Posted

SICK LEAVE BENEFITS ARE AN INVESTMENT IN SECURITY

PROTECT YOUR INVESTMENT—BUILD YOUR BALANCE

ABSENCE REQUEST FORM #634

AN ABSENCE REQUEST FORM #634 must be COMPLETED BY THE EMPLOYEE WHEN HE RETURNS TO WORK after sick leave absence.

PROCESSING A SICK LEAVE REQUEST (Form #634) -- In making your absence request, do NOT diagnose your illness. Only state where pain in located: See pages 9, 10, 11 for samples #1, #2, and #3.

1.0 SATISFACTORY EVIDENCE of a valid need for an absence on sick leave is required before any sick leave request may be approved. The burden of proof rests with the employee. In the absence of conflicting evidence, the following types of evidence may be accepted:

A. For absence of two days or less, a satisfactory explanation by the employee on Form 634 as to "Nature of Illness". In case of doubt, further evidence should be required.

B. For absences of more than two days, a written "Substantiation of need of Sick Leave Absence" is mandatory. If a physician was in attendance, his statement must be secured. Substantiation by a physician may be required for shorter absences.

2.0 FOR A SICK LEAVE CLAIM THAT IS FALSIFIED, the employee's pay should be docked. It should not be charged off as vacation or compensating time off.

A. A WRITTEN APPEAL may be presented by an employee to the State Personnel Board if the agency refuses to approve his sick leave request. The appeal must be presented within thirty days after the employee is notified of the disproval of his sick leave request. Upon good cause being shown, an additional thirty days in which to file the appeal can be allowed by the Personnel Board.

3.0 FOLLOWING CHILDBIRTH the mother may be granted sick leave if she is on leave of absence or vacation. The period of sick leave begins with the date of delivery and continues for as many working days as she is physically incapacitated for work as certified by her physician. Only sick leave accumulated prior to date of delivery may be used.

A. Such sick leave is to be paid to an employee on leave of absence only if she returns to and remains in State service. The department may postpone the sick leave payment until the employee has remained on the job a reasonable time after reinstatement to verify her return to work.

B. Submit Form #606--original and three copies to State Personnel Board.

C. If the employee is on vacation up to date of delivery, the sick leave request should be treated just as any other sick leave request. Sick leave is granted to the mother only for the time she is incapacitated.

PERSONAL ILLNESS - cont.

8.0 WHEN A PERIOD OF TEMPORARY DISABILITY ENDS, the disability indemnity to the employee can no longer be supplemented by payments based on sick leave and vacation credits. Temporary disability ceases when the employee has been restored as far as the permanent nature of his disability will permit. The State Agency keeps informed as to the progress of the employee by getting information from the Compensation Insurance Fund.

FAMILY CARE - REASONS FOR WHICH SICK LEAVE CANNOT BE GRANTED

1.0 ABSENCE TO CARE FOR A MEMBER OF THE FAMILY WHO IS NOT ILL is not authorized as sick leave.

A. Absence for the sole purpose of supervising well children or to care for or prepare meals for such children while another member of the family is ill, resting, or is away from home, is not authorized for sick leave.

2.0 A MINOR ILLNESS OR INJURY OF A MEMBER OF THE FAMILY in which the ill person does not require the attendance or care of the employee is not an authorized reason for sick leave.

A. Indisposition because of the common cold, or other non-disabling illnesses are examples of instances when the ill person does not require the attendance and care of another person. Further items under section above as absences for which sick leave cannot be granted for personal illness are other examples of situations for which sick leave cannot be granted for family care.

3.0 ABSENCE TO ACCOMPANY ANOTHER MEMBER OF THE FAMILY, including children, for a routine doctor or dentist appointment is not an authorized reason for sick leave.

4.0 WHEN THE PRESENCE OF THE EMPLOYEE IS NOT REQUIRED in providing the necessary care for or attendance upon the ill member of the family, sick leave is not authorized. For example, sick leave is not authorized when another member of the household is present and capable of providing the care or attendance.

5.0 CARE OF ILL PERSONS NOT MEMBERS OF THE IMMEDIATE FAMILY is not an authorized reason for sick leave.

A. A person who rents a room in a boardinghouse, or private home, is not a member of the immediate family of the landlady or of other persons living in the same house.

B. A housekeeper, or other servant, is not a member of the immediate family.

6.0 WHILE ON VACATION the employee may find it necessary to devote a portion of his vacation to the care of, or attendance upon, an ill member of the family. Under such circumstances, the employee is already available. Sick leave is not authorized.